Wilmington Fire Department
Babysitter Checklist

Child's Name: _____   **Age:** _____

Height: _____   **Weight:** _____

Child's Address: _____

Parent's Names: _____

Parent's Cell Phone Number: _____

Parent's Work Numbers _____ _____ _____

Where are the parents going: _____

The phone number the parents will be at _____

Neighbor names and phone number(s)

_____

_____

_____

_____

Emergency Services Phone Number – Fire, Police and EMS: _____

Poison Control: _____

Foods not allowed: _____

Medical Condition(s): _____

Allergies: _____

Medication(s) _____
Dosage: _____